

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | AAJ      |        | 11-18-01 |
| O.I.P.E. CLASSIFIER       | Don      | 32     | 11/15    |
| FORMALITY REVIEW          | AG       | 640    | 11-21-01 |
| RESPONSE FORMALITY REVIEW | M.D      | 615    | 12-13-01 |

Best Available Copy

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date |
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If more than 150 claims or 10 actions  
 staple additional sheet here

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046  
 11/18/01  
 12/13/01